

## APPLICATION FOR RECORDS RETENTION SCHEDULE

 GEORGIA DEPARTMENT OF HUMAN RESOURCES  
 OFFICE OF ADMINISTRATIVE SERVICES  
 RECORDS MANAGEMENT UNIT XX

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date		Division of Rehabilitation Services		Application Number	
11/22/82		Quality Assurance and Staff Development		82-606	
Application Number		Policy Unit		Date Received	
82-59		47 Trinity Ave. S.W.		NOV 29 1982	
		Atlanta, Ga. 30334		Date Completed	
				JAN 19 1983	
2. Person to Contact			Working Title		
Eloise Veitch			Secretary		
Bill Brake			Chief Policy Unit		
3. Action Requested			Telephone Number		
a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.			JAN 19 1983		
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.			X		
c. <input type="checkbox"/> Amend Application No. _____			Y		
Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series		5. Records Series Title (followed by title used in office, if different)			
Earliest	Latest				
1981	continuing	Rehabilitation Services Provider Agreement File			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?					
<p>The Division of Rehabilitation Services is responsible for providing those services necessary to increase the physical, mental, social and vocational capacities of handicapped individuals so their roles as contributing members of our society will be enhanced. The Quality Assurance Section is responsible for development and implementation of performance standards for all rehabilitation services programs and projects, maintenance of a Management Review System, conducting periodic reviews of programs and projects, and providing training to insure reliability/validity in the case review process. The Policy Unit is responsible for the development, implementation and maintenance of rehabilitation services policy systems, standards for the approval of service providers, fee schedules for the purchase of services, and administration of the rehabilitation services client appeals process.</p>					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.					
<p>Documents relating to: maintaining an agreement with Hospitals, Interpreters, and Hearing Aid Services to provide rehabilitation services to clients and determining the reimbursement rate.</p>					
<p>Included are: Form 4535(9/81) Agreement Between the Georgia Division of Rehabilitation Services and Providers of Interpreter Services; Form 4536(9/81) Agreement Between the Georgia Division of Rehabilitation Services and Providers of Hearing Aid Services; Form 4563(11/82) Hospital Application and Agreement for Participation in the Rehabilitation Services Program (pages 1-4); cover letter, which states effective dates and reimbursement percentage rate; and related correspondence.</p>					
File is arranged: alphabetically by provider category; thereunder alphabetically by provider name					
8. Monthly Reference Rate		How often are records referred to which are:			
One to six months old <u>4</u> ;		Seven to twelve months old <u>4</u> ;			
twenty-five months and older <u>1</u> ?		Thirteen to twenty-four months old <u>2</u> ;			
9. Annual Rate of Accumulation or Records					
Letter-size drawers <u>2</u> ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy. <span style="float: right;">SC-5011</span>
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <span style="float: right;">8-52</span>
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                 |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years.    |
| b. Statute of limitation | _____ years. | e. Administrative need            | <u>3</u> years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.    |

Attach copy or excerpt of laws or regulations. Explain administrative need. 188  
**Administratively, these files are needed to document the Hospitals, Interpreters and Hearing Aid Services agreement to provide rehabilitation services to clients and to verify the rate of reimbursement.**

#### 12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then;

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then \_\_\_\_\_
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then \_\_\_\_\_
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then \_\_\_\_\_
- ☐ Destroy \_\_\_\_\_
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

**When provider becomes inactive in program, remove from active file and place in inactive file; Cut off inactive file at the end of each calendar year; hold in current files area 1 year; transfer to State Records Center; hold 2 years; then destroy.**

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Bill B. ...</i>	11/18/82	<i>Paul T. Murphy</i>	11/18/82
State Records Committee (Signature)			
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	12-29-82
		Secretary of State/Designee	12/22/82
		Attorney General/Designee	1-17-83